FOR INSTRUCTIONS, SEE BACK OF FORM

### **DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)	DR-2 DISCLOSUF
Henry County Republican Manage 14 ETHICS AND	
On it made the dependent	For Office Use Only Comm. #9536
IMPORTANT: Indicate by # type of committee you are reporting for: 2009 JUL 16 AM 10: 09  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  (4) County Central Committee (5) County Candidate (6) City Candidate (7) Sets (1) State Party	Logged In MW
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party	Social So
Subdivision Candidate (8) County PAC (9) City PAC (10) Sandidate (7) School Board or Other Political	Scanned
	Computer
CANDIDATE COMMITTEES ONLY:	Audited
Candidate Name Political Party (if applicable)	<u> </u>
Office Sought District (if Senate or House)	
(ii conate of House)	
ate reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) to the chairperson, for any other type of committee, is the individual responsible for filing timely and accura   Agraru Dourdo 319-986-6101  IGNATURE OF PERSON FILING REPORT TELEPHONE	ne candidate, for a candidate's comm ite reports.
IGNATURE OF PERSON FILING REPORT TELEPHONE	07 <u>–14–09</u>
TELEPHONE	DATE SIGNED
AM FILING A	
AM FILING A REPORT FOR (1) ELECTION /(2)	NON-ELECTION YEAR.
(report date) Indicate by #	]
CHECK IF AMENDMENT TO REPORT DATEDLocal	Committees, enter Date of Election
Charles that the control of the cont	
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	ity & Local Committees, enter County in
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)	ity & Local Committees, enter County in Election is held
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which	ity & Local Committees, enter County in Election is held
STATEMENT OF CASH ON HAND  ASH ON HAND at the beginning of the reporting period. (Total of all funds held by the	ity & Local Committees, enter County in n Election is held
STATEMENT OF CASH ON HAND  ASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on bond of the report.)	n Election is held
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FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

### EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHEC	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Henry County Republican Women

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02 <b>-</b> 25-0 02-25-0	9 <b>CK#</b> <sub>1124</sub>	Iowa Federation of Republi	1	\$240.00 \$30.00
04-14-0	ID# <sub>1125</sub> PCK#1126	VOID Sassy's Restaurant	guest meals	16.69
05-01-0 05-01-0	CK# cash	Iowa Federation of Republ Winfield Care Center	ican Women l member guest meal	15.00 6.00
06-08-0	D <sup>ID#</sup> 1128 CK#	Rosemary Harris	entertainment(Mamie Eisenho	urer26.00
	ID# CK#			
	ID# CK#			
	ID#		777 <u>0</u>	
	ID# CK#			
			SUB-TOTAL	\$

TOTAL (if last page of this schedule)

**\$** 333.69

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page		of	
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# For Instructions, See Back of Form

## CONTRIBUTIONS - MONEY TAKEN IN

	(Rev. 06/97)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Henry County Republican Women	CHEC AMEN	CK THIS BOX IF
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE DAG GOVERN	·	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

(MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISE
2-9-09 2-9-09	ID# CK#	1 member		15.00 \$	INCOM
3-11-09 4-14-09	ID# CK#	donations donations		9.00	
4-14-09 6-08-09	ID# CK#	1 member donation		14.35	<u>-</u>
	ID# CK#			8.00	
	ID# CK#				<del></del>
j	ID# CK#				
	D#				

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE